

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
(401) 222-3040

## INSTRUCTIONS FOR FILING APPLICATION FOR CERTIFICATE OF REGISTRATION BY A FOREIGN LIMITED PARTNERSHIP

Section 7-13-49 of the General Laws of Rhode Island, 1956, as amended

**The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.**

1. In order to procure a Certificate of Registration to transact business in this state, a foreign limited partnership shall make application therefore by filing an Application for Certificate of Registration (Form No. 350), with the Office of the Secretary of State, Corporations Division at the above address.
2. The application must be accompanied by an original certificate evidencing the valid existence of the limited partnership issued by the secretary of state or other authorized officer of the jurisdiction under which it was formed as a limited partnership. The certificate must be dated within **sixty (60) days** of the receipt and filing of the application. When the application for Certificate of Registration is properly completed, signed, and submitted with the correct filing fee and certificate evidencing its valid existence, a Certificate of Registration shall be issued.
3. The application must be accompanied by a filing fee of \$100.00, and payment should be made payable to the Rhode Island Secretary of State.
4. The name of any foreign limited partnership must be "distinguishable upon the records of the secretary of state." This means the Office of the Secretary of State will deny a request for a name if such name is identical to or not distinguishable from any entity, name reservation, or registration on file with the Business Section of the Corporations Division. The limited partnership name shall contain the word "limited partnership" or the letters and punctuation "L.P." A preliminary name availability check can be made by checking the Name Availability Database on our website, or by phoning us at the above telephone number. This preliminary check is not statutorily required, is not binding upon the Secretary of State, and does not ensure that the name will be available upon filing the Application for Certificate of Registration. It is suggested that you do not make any financial expenditures or execute documents utilizing the name based upon a preliminary name availability check. The final determination as to availability of the name will be made when the documents are submitted for filing.
5. Each limited partnership shall have and continuously maintain in this state a registered agent upon whom any process, notice or demand required or permitted by law to be served upon the limited partnership may be served. The registered agent must be an individual resident of this state, a domestic corporation, or a foreign corporation authorized to transact business in this state. The address of the registered agent must be reflected as a street address and not a post office box.
6. The Application must be executed by a general partner of the Limited Partnership.

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

Filing Fee: \$100.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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**LIMITED PARTNERSHIP**

**APPLICATION FOR CERTIFICATE OF REGISTRATION**

Pursuant to the provisions of Section 7-13-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the state of Rhode Island and for that purpose submits the following statement:

1. The name of the limited partnership is \_\_\_\_\_  
(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")  
and, if different, the name which it proposes to register and transact business in the state of Rhode Island is:  
\_\_\_\_\_
2. The limited partnership is organized under the laws of \_\_\_\_\_  
and the date of its formation is \_\_\_\_\_
3. The general character of the business it proposes to transact in Rhode Island is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The name and address of the agent for service of process is \_\_\_\_\_  
(Name of Agent)  
\_\_\_\_\_, RI \_\_\_\_\_  
(Street Address, not P.O. Box) (City/Town) (Zip Code)
5. The foreign limited partnership hereby agrees that if the foreign limited partnership fails to appoint an agent for service of process or, if appointed, the agent's authority has been revoked or if the agent cannot be found or served with the exercise of reasonable diligence, the foreign limited partnership appoints the Secretary of State of the State of Rhode Island as its agent for service of process.
6. The address of the office required to be maintain in the state of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is:  
\_\_\_\_\_  
\_\_\_\_\_

7. The name and business address of each general partner is:

General Partner

Business Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled or withdrawn is:

\_\_\_\_\_

\_\_\_\_\_

9. A mailing address for the foreign limited partnership is \_\_\_\_\_

\_\_\_\_\_

10. As of the date of this filing, the foreign limited partnership validly exists as a limited partnership under the laws of the jurisdiction of its formation.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Exact Name of Limited Partnership Making Application

By

\_\_\_\_\_  
General Partner